(4) *Experimental* health centres, as became possible, to be set up in suitable areas, and their functioning studied.

(5) A joint advisory body, with freely elected medical members, to be set up to study ways and means of improving and adding to the service as time went on and opportunity offered.

(6) The improved service to be introduced by stages, according to the means and personnel available at the time, and no attempt to be made to introduce at one leap a fully fledged comprehensive service regardless of the existence or otherwise of suitable premises, nursing staff, medical and surgical personnel, and equipment. Indeed, an attempt to do so, as at present proposed by the Government, would result in as much chaos and as disastrous a failure as would have resulted from an attack on Festung Europa launched in 1942 in response to irresponsible demands chalked upon walls to "open the second front now."

Mr. Bevan is intelligent enough to realize full well what chaos will result from an attempt to implement his Health Service Act on July 5, and I believe that he also knows that it will be quite impossible to give a deluded public one tithe of the gifts and benefits he has so rashly promised them. Before it is too late, then, I urge him to think again and so to reap the gratitude of a great nation and the enthusiastic co-operation of a great profession.—I am, etc.,

Wolverhampton.

A. VICTOR RUSSELL.

Payment for Work Done

SIR,—I quite agree with Mr. W. Adams, who at our last meeting described the N.H.S. as a gigantic fraud. I for my part will brook no interference between me and my private patients, whom I regard as friends. How would Mr. Bevan like it if I suggested that we reversed matters and undertook to pay each of our patients, say, 20 visits a year—no less and no more—on condition that we drew as much money as we wanted when and how we liked. We might limit it to, say, £10,000 a year. If it is fair one way it is fair the other. My own view is that if we must have a scheme it should be on the lines of the National Deposit Society, whereby the doctor marked down each item and was paid accordingly, so much a visit, etc., by the Society—i.e., paid for work done.—I am, etc.,

Bristol.

E. BLAKE GARLAND.

Conflicting Advice

SIR,—Now that the voting is over I would wish to draw attention to one matter which appeared to me unfortunate. Taking the chair at a general meeting of practitioners in my area, among the correspondence there was read out a memorandum sent by a group of members of the Association stating that they were either members of the Council or Representatives, and advising the meeting to vote as they had done before. Whilst agreeing that a Representative has a right to express his own opinion to his constituents, I much regret that certain members of the Council should sign and agree to circulate a document the contents of which did not tally with the advice given by the Council and circulated with the plebiscite papers, unless such publication had been agreed to in Council.—I am, etc.,

London, W.1.

PEARSE WILLIAMS.

Doctors' Houses

SIR,—Drs. E. T. Wright and G. H. Rosedale (May 1, p. 855) have indicated serious issues in their letter. I beg leave to elaborate one point—namely, the doctor's house and surgery. As doctors die or retire from general practice the well-known landmarks of long-established doctors' houses will disappear and the populace will have to face ever-shifting doctors' surgeries. This must occur if doctors are obliged to sell their houses by public auction in order to avoid Government legal action for attempting to sell goodwill with their houses. It follows that after July 5 no sensible N.H.S. doctor will buy or build a house with surgery and waiting-room accommodation. No doubt Mr. Bevan in his capacity as Minister of Housing will then produce priorities for G.P.s to become tenants of local authorities and live and work in council houses and prefabs. A doctor will of course need two council houses or two prefabs in order to carry on his practice. Under present circumstances no other course is feasible unless the Government decide to let

doctors buy and sell the goodwill of their practices instead of demanding the sole monopoly of this valuable commodity by the State.

It is very probable that Mr. Bevan will in reality be pleased at the prospect of doctors so early becoming the tenants of local authorities and living and working in council houses and prefabs as comrades of the propertyless proletariat. There is little difference between this and the health centre idea, which is primarily to make the doctor's surgery one of many rented from a local authority. The basic idea of the commonplace mind is that the masses are really very stupid and will soon believe that one doctor is just as good as another however much they may at present claim the right to choose their own doctor.

It has been held by the various medical agencies that the prestige of doctors is invariably lowered in the eyes of their patients if they are obliged to live and practice in council houses and prefabs, but as the Government have set themselves irrevocably against the buying and selling of practices this levelling down of general practitioners as a profession must inevitably follow, with disastrous effect on the recruitment of G.P.s to the new Service and the standard of service rendered.—I am, etc.,

Slough, Bucks.

N. C. HYPHER.

Appeal to the Courts

SIR,—I am astonished at the decision of the Council of the British Medical Association. We should not willingly accept service under the Health Act unless we can appeal to the courts. If we are treated justly there will be no need to appeal to the courts, but the fact that we are not allowed to appeal to the courts indicates that the Minister of Health intends to treat us unjustly. If he intends to be fair he should be willing to amend the Act to allow appeal to the courts.—I am, etc.,

Liverpool.

H. E. ROAF.

Students' International Clinical Congress

SIR,—In July this year an International Clinical Congress of Medical Students—the first of its kind—is to be held in Britain under the auspices of the British Medical Students' Association. Up to date 130 delegates from 30 different countries have accepted our invitation, and a programme of lectures, visits, and ward rounds in various teaching hospitals, discussions, and entertainments for the visitors has been arranged to take place in the Universities of London, Oxford, and Birmingham.

The organizational expenses of the Congress have been met by grants from the British Medical Association and the International Union of Students. The response to invitations so far shows, however, that delegates from many countries are experiencing difficulty in meeting the necessary expense of the attendance. The British Council has generously agreed to cover the Congress fee for a number of delegates, but many countries will have to remain unrepresented unless further support is forthcoming.

May we therefore appeal through your columns for contributions from individual members of the public or from societies which have at heart the furtherance of friendship and understanding of students from all over the world, so that this important event will be truly international in character. Cheques will be gratefully received by the Treasurer, Students' International Clinical Congress, the British Medical Students' Association, B.M.A. House, Tavistock Square, London, W.C.1.—We are, etc.,

JOHN A. RYLE.

Honorary President of the Congress.

STEPHEN DRANCZ.

President of the British Medical Students' Association.

HERBERT E. REISS.

London, W.C.1.

Chairman of the Congress Organizing Committee.

Temperature Records and Ovarian Activity

SIR,—Dr. Mary Barton (April 24, p. 806) has not convinced me that I should take rectal rather than oral temperatures. When I use basal temperature records to help me to determine whether a cycle is ovular or non-ovular, the "occasional deceptively low reading due to extraneous factors such as mouth-breathing" is not going to deter me unless she can produce a series of cases in which simultaneous oral and rectal temperatures have been recorded which show that the patients mouth-